EXHIBIT B

Case 06-1072569W07250P0F 93116iA 9 Enter eq 10/07/113/14:10:26 1Page 2 of 11

United States Bankruptcy Couri	DISTRICT OF NEVADA PROOF OF CLAIM					
Name of Debtor USA Capital First Trust Deed Fund, LLC	Case Number 06-10728-LBR					
NOTE: This form should not be used to make a claim for an administrative expease. A 'request' for payment of an administrative expense may be filed pursua						
Name of Creditor (The person or other entity to whom the debtor owes money or property): Robert Carollo and Beverley Carollo 5607 Gateway Road Las Vegas, NV 89120 Name and address where notices should be sent:	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars ☐ Check box if you have never received any notices from the bankruptcy court					
	in this case Check box if the address differs from the address on the envelope sent to you by the court This Space is for Court Use Only					
Account or other number by which creditor identifies debtor:	Check here replaces amends a previously filed claim, dated:					
1. Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other	Retiree benefits as defined in 11 U S.C § 1114(a) Wages, salaries, and compensation (fill out below) Your SS #: Unpaid compensation for services performed fromto					
2. Date debt was incurred:	3. If court judgment, date obtained:					
petition services. CAROLLO reserves the right to amend the c	\$ See attached sheet o complete Item 5 or 6 below Some of the amount might include post claim to reflect this fact. dition to the principal amount of the claim. Attach itemized statement of 6. Unsecured Priority Claim. ☐ Check this box if you have an unsecured priority claim ☐ Amount entitled to priority \$ See attached sheet Specify the priority of the claim: ☐ Wages, salaries, or commissions (up to \$4,650).* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier-11 U S C § 507(a)(3) ☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4) ☐ Up to \$2 100* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U S C § 507(a)(6) ☐ Alimony, maintenance or support owed to a spouse former spouse or child-11 U S C § 507(a)(7) ☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) ☐ Other - Specify applicable paragraph of 11 U S C § \$ 507(a)() *Amounts are subject to adjustment on 4/1:04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. THIS SPACE IS FOR COURT USE ONLY					
 7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim CAROLLO expressly reserves all rights of recoupment and setoff which might arise or which may exist. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary Debtor has copies of all documents. Copies will be provided upon request 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date						
Chris Byrd, Attorney for Carollo	uC					

Case 06-10725-gwz25Doc 9816-2 3550tered 10/07/101/04:10526 Page 3 of 11 PROOF OF CLAIM YOUR CLAIM IS SCHEDULED AS. Schedule/Claim ID **\$31806** Case Number Name of Debtor Amount/Classification 06-10725-LBR **USA Commercial Mortgage Company** \$46,450,0045,000 NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are ansing after the commencement of the case. A "request" for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U.S C § 503 The amounts reflected above constitute your claim as to your claim Attach copy of scheduled by the Debtor or pursuant to a filed claim. If Name of Creditor and Address: statement giving particulars. you agree with the amounts set forth herein, and have no 11321240001090 other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below Check box if you have JOHN T MRASZ ENTERPRISES INC never received any notices **DEFINED BENEFIT PLAN DATED 5/86** from the bankruptcy court or If the amounts shown above are listed as Contingent, C/O JOHN T MRASZ & JANET MRASZ TRUSTEES BMC Group in this case. Unliquidated or Disputed, a proof of claim must be 10015 BARLING ST SHADOW HILLS, CA 91040-1512 Check box if this address If you have already filed a proof of claim with the differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again. court. Creditor Telephone Number (818) 353-0282 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Wages, salanes, and compensation (fill out below) Other claims against servicer (not for loan balances) ☐ Taxes Services performed Last four digits of your SS # X Money loaned Other (describe briefly) Unpaid compensation for services performed from to _ (date) (date) 2. DATE DEBT WAS INCURRED 4/27/04 3. IF COURT JUDGMENT, DATE OBTAINED. 4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM PShby FINANCIAL

Check this box if your claim is secured by collateral (including UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is a right of setoff) entitled to pnority Bnef description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral: Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Specify the pnority of the claim: Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use -11 USC § 507(a)(7) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's Taxes or penaltiles owed to governmental units - 11 U S C § 507(a)(8) business, whichever is earlier - 11 U.S.C § 507(a)(4) Other - Specify applicable paragraph of 11 U S C § 507(a) (____) Contributions to an employee benefit plan - 11 U.S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 5 TOTAL AMOUNT OF CLAIM \$ 200,000,00 AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo, CA 90245 SIGN and print the name and title, if any, of the creditor or other person authorized to file 9/27/06 Ganet Mrasz TRUSTEE SAMET MRASZ

Case 06-10725-gwz25Doc 9816-2 3550tered 10/07/01/01/026 Page 4 of 11 PROOF OF CLAIM YOUR CLAIM IS SCHEDULED AS. Schedule/Claim ID **\$31806** Case Number Name of Debtor Amount/Classification 06-10725-LBR **USA Commercial Mortgage Company** \$46,450,0045,000 NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are ansing after the commencement of the case. A "request" for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U.S C § 503 The amounts reflected above constitute your claim as to your claim Attach copy of scheduled by the Debtor or pursuant to a filed claim. If Name of Creditor and Address: statement giving particulars. you agree with the amounts set forth herein, and have no 11321240001090 other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below Check box if you have JOHN T MRASZ ENTERPRISES INC never received any notices **DEFINED BENEFIT PLAN DATED 5/86** from the bankruptcy court or If the amounts shown above are listed as Contingent, C/O JOHN T MRASZ & JANET MRASZ TRUSTEES BMC Group in this case. Unliquidated or Disputed, a proof of claim must be 10015 BARLING ST SHADOW HILLS, CA 91040-1512 Check box if this address If you have already filed a proof of claim with the differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again. court. Creditor Telephone Number (818) 353-0282 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Wages, salanes, and compensation (fill out below) Other claims against servicer (not for loan balances) ☐ Taxes Services performed Last four digits of your SS # X Money loaned Other (describe briefly) Unpaid compensation for services performed from to _ (date) (date) 2. DATE DEBT WAS INCURRED 4/27/04 3. IF COURT JUDGMENT, DATE OBTAINED. 4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM PShby FINANCIAL

Check this box if your claim is secured by collateral (including UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is a right of setoff) entitled to pnority Bnef description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral: Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Specify the pnority of the claim: Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use -11 USC § 507(a)(7) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's Taxes or penaltiles owed to governmental units - 11 U S C § 507(a)(8) business, whichever is earlier - 11 U.S.C § 507(a)(4) Other - Specify applicable paragraph of 11 U S C § 507(a) (____) Contributions to an employee benefit plan - 11 U.S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 5 TOTAL AMOUNT OF CLAIM \$ 200,000,00 AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo, CA 90245 SIGN and print the name and title, if any, of the creditor or other person authorized to file 9/27/06 Ganet Mrasz TRUSTEE SAMET MRASZ

NOTE: This form should not be used to make a claim for an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor (the person or other entity to whom the debor owes money or groups/EUP/CY COURT Walls Family Trust Dated 12/10097 Name and defense where notices should be sent: Walls Family Trust Dated 12/10097 Name and develows where notices should be sent: Walls Family Trust Dated 12/10097 Name and address where payment should be sent: Walls Family Trust Dated 12/10097 Name and address where payment should be sent (if different from above): SAME AS ABOVE Telephone number: 1. Amount of Claim as of Date Case Filled: 1. Amount of Claim as of Date Case Filled: 1. Amount of Claim is secured, complete him a below; however, if all of your ofasm is unfocuted, do not complete item 4. 1. Amount of Claim is entitled to priority, complete him a below; however, if all of your ofasm is unfocuted, do not complete item 4. 1. All or part of your claim is entitled to priority, complete him a below; however, if all of your ofasm is unfocuted, do not complete item 4. 1. Amount of Claim includes interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement of interest or other charges in addition to the principal amount of claim. Attach litemized statement	B10 (Official Form 10) (12/08) UNITED STATES BANKRUPTCY COURT District of Nevarial CEIVED	PROOF OF CLAIM
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Name of Creditor (the person or other entity to whom the debtor owes money or property in PTY COURT Walls Family Trust Dated 127(097) 10.00 per 8 128 in Walls. Trustees 2778 Bedford Way Carson City, NV 89703-4618 Telephone number: Telephone number: The AS Above Telephone number: Telephone num	NOTE: This form should not be used to make a claim for an administrative expense arising after the commencer	ement of the case. A request for payment of an
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1. Amount of Claim as of Date Case Filed: Sour RWC A A	Gelenhone number:	Check this box if you are the debtor or trust in this case.
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	1. Amount of Claim as of Date Case Filed: 1. Amount of Claim as of	5. Amount of Claim Entitled to Priority und 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categoricheck the box and state the amount.
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	If all or part of your claim is entitled to priority, complete item 5.	Specify the priority of the claim.
(See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: (See instruction #3 a on reverse side.) 4. Secured Claim (See instruction #4 on reverse side.) 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. I Am UNSURE of Secured VS Not U.S.C. §507 (a)(5). Nature of property or right of setoff: Real Estate Motor Vehicle Other Other Value of Property: \$ Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, CONDOMN INVACE. if any: \$ Basis for perfection: Basis for perfection: Basis for perfection: Wages, salaries, or commissions (up to \$10,950*) and with 180 days before filing of the bankruptcy petition or cess of the debtor's business, whichever is ea -11 U.S.C. §507 (a)(4). Contributions to an employee benefit pla U.S.C. §507 (a)(5). Up to \$2,425* of deposits toward purch lease, or rental of property or services for personal, family, or household use -11 U.S.C. §507 (a)(7). Taxes or penalties owed to governmenta -11 U.S.C. §507 (a)(8).	□Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	□Domestic support obligations under 11
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. I. A.M. UNSURE OF SECURED	(See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as:	\$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlie
Nature of property or right of setoff: Real Estate Motor Vehicle Other Nature of Property: Annual Interest Rate Amount of arrearage and other charges as of time case filed included in secured claim, CONDOMNINAN Basis for perfection: Dubling S2,425* of deposits toward purchalease, or rental of property or services for personal, family, or household use - 11 to \$507 (a)(7). Taxes or penalties owed to governmenta - 11 U.S.C. \$507 (a)(8).	4 Secured Claim (See instruction #4 on reverse side.)	Contributions to an employee benefit plan -
if any: \$ Basis for perfection:	requested information. I Am UNSURE of Secured VS NOT Secure D.	□Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S. §507 (a)(7).
	if any: \$ Basis for perfection: Building	☐Other - Specify applicable paragraph of 11
Amount of Secured Claim: \$ Amount Unsecured: \$	Amount of Secured Claim: \$ Amount Unsecured: \$	U.S.C. §507 (a)().
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. Amount entitled to priority:	6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	Amount entitled to priority:
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, montgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)	orders, invoices, itemized statements of running accounts, contracts, judgments, mongages, and security agreements. You may also attach a summary. Attach reducted copies of documents providing evidence of perfection of a security	s
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. *Amounts are subject to adjustment on 4/1 and every 3 years thereafter with respect to cases commenced on or after the date of	DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER	
If the documents are not available, please explain: Adjustment. Adjustment.		<u></u>
Date: 5 // Signature: The person filing this claim must sign it. Sign and pript dame and little, it any, of the creditor of other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of automey, if any,	person authorized to file this claffit and state address and telephone number if different from the no	notice address

B10 (Official Form 10) (12/08)	·			
UNITED STATES BANKRUPTCY COURT District of Nevada	REC	EIVEU Filozofia		PROOF OF CLAIM 010-10-725 16
Name of Debtor: POX HILLS SPECIAL Del Valle LIVINGStau LCC	Vay 17	2 07 111 '	Case Num	ber: 09-32853 CURPLET?
NOTE: This form should not be used to make a claim for an administrative expense may be file	ed nurvuent to	11 115 (* 8 503 -		
Name of Creditor (the person or other entity to whom the debtor owes money or proper Walls Family Trust dated 12/10/97	BYS. BANKR MARY A.S	UPTCY COU CHOTT. CLEI	Check the amends	his box to indicate that this claim a previously filed claim.
Name and address where notices should be sent: Walls Family Trust dated 12/10/97 Joseph P. Walls & Ellen Walls, Trustees 2778 Bedford Way Carson City, NV 89703-4618			i .	im Number:
Telephone number: 775-884-2918			Filed on:_	9/28/2006
Name and address where payment should be sent (if different from above): Same AS Above			else has	his box if you are aware that anyone filed a proof of claim relating to your attach copy of statement giving ars.
Telephone number:			Check the in this c	his box if you are the debtor or trustee ase.
1. Amount of Claim as of Date Case Filed: \$\text{20000} \text{PR/NC/I}\\ 12 \text{10	CE 3/3 aim is unsecure	1- 2006 3d, do not	11 U.S.0 claim fa	t of Claim Entitled to Priority under C. §507(a). If any portion of your alls in one of the following categories, he box and state the amount.
If all or part of your claim is entitled to priority, complete item 5.			Specify the	e priority of the claim.
Check this box if claim includes interest or other charges in addition to the principal itemized statement of interest or charges.		m. Attach	Domesti	ic support obligations under 11 507(a)(1)(A) or (a)(1)(B).
2. Basis for Claim: MONE'S LOANED + Not ROPA (See instruction #2 on reverse side:)			☐Wages,	salaries, or commissions (up to
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: See AHACLES Do (See instruction #3a on reverse side.)	cument	S	filing of of the do	*) earned within 180 days before the bankruptcy petition or cessation ebtor's business, whichever is earlier i.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of requested information. I Am UNSURe IF Secured of	setoff and prov	ide the	U.S.C. §	utions to an employee benefit plan - 11:507 (a)(5).
Nature of property or right of setoff: Real Estate Motor Vehicle Describe: Value of Property: \$ Annual Interest Rate %	Other S Real	estate:	lease, or	2,425* of deposits toward purchase, rental of property or services for 1, family, or household use + 11 U.S.C. (7).
Amount of arrearage and other charges as of time case filed included in secured	elaim,		1 —	r penalties owed to governmental units. C. §507 (a)(8).
if any: \$ Basis for perfection:				Specify applicable paragraph of 11 §507 (a)().
Amount of Secured Claim: \$ Amount Unsecured: \$			0.5,0	3.507 (a)(, _,).
6. Credits: The amount of all payments on this claim has been credited for the purpose	of making this	proof of claim.]	Amount entitled to priority:
7. Documents: Attach redacted copies of any documents that support the claim, such a orders, invoices, itemized statements of running accounts, contracts, judgments, mortge You may also attach a summary. Attach redacted copies of documents providing evider interest. You may also attach a summary. (See instruction 7 and definition of "redacted.")	ages, and secur nee of perfectio	ity agreements. n of a security		\$
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DI SCANNING. If the documents are not available, please explain:	ESTROYED A	FTER	and every	are subject to adjustment on 4/1/10 3 years thereafter with respect to menced on or after the date of a.
Date: Signature: The person filing this claim must sign it. Sign and prin	t name and titl e number if dit	e, if any, of the c ferent from the n	reditor or oth	FOR COURT USE ONLY
above. Attach copy of power of attorney, if any. Penalty for presenting fraudulent claim: Fine of up to \$500.000 for in	aurisonment fo	up to 5 years, o	both 8 U.	S.C. §§ 152 and 3571.

B10 (Official Form 10) (12/08)	
UNITED STATES BANKRUPTCY COURT District of Nevada AND FILED	PROOF OF CLAIM
Name of Debtor: CIDGRAMERCY SPELLE CAGIL MEADOWS 12 12 06 711 10	Case Number: 09-32849 Locket?
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencem administrative expense may be filed particular to LI HECOSTOS.	nent of the case. A request for payment of an
Name of Creditor (the person or other entity to whom the debtor owes money oppgoperty): SCHOTT, CLERKI Walls Family Trust Dated 12/10/97	Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Walls Family Trust Dated 12/10/97 Joseph & Eilen Walls, Trustees 2778 Bedford Way Carson City, NV 89703-4618	Court Claim Number:
Telephone number: 775-884-2918	Filed on: 9/27/2006
Name and address where payment should be sent (if different from above): Same As Above	□Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number:	☐Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: Sample Claim as of Date Case Filed: Sample Case Filed:	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is entitled to priority, complete item 5.	Specify the priority of the claim.
□Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	□Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
2. Basis for Claim: MONEY LOANED + NOT REPAID (See instruction #2 on reverse stde.)	☐ Wages, salaries, or commissions (up to
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 500 Although Document's (See instruction #3a on reverse side.)	\$10,950*) carned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. I AM UNSURE IF SECURED ON UNSURE	Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
Nature of property or right of setoff: Real Estate Motor Vehicle Other, Describe: That is Real Estate. Value of Property: \$ Annual Interest Rate_%	☐Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
Amount of arrearage and other charges as of time case filed included in secured claim,	Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
if any: \$Basis for perfection:	Other - Specify applicable paragraph of 11
Amount of Secured Claim: \$ Amount Unsecured: \$	U.S.C. §507 (a)().
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)	Amount entitled to priority:
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of
If the documents are not available, please explain:	adjustment. reditor or other FOR COURT USE ONLY
Date: 5/3//U Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creptor person authorized to file this claim and state address and telephone number if different from the model above. Attach copy of power of attorney, if any.	both 18 U.S.C. 88 152 and 3571

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

	Case	116-111-126-01W70-1110C 93	ld=2d=ni		D26 Page	2 Ot 11		
		~ © ase 96-49423461 ~ ©	PR	OOF OF CLAIM	न्स्युट १ ७७९	70 01 11		
Na	me of Debtor		Case N	umber [.]				
	USA COMM	IERCIAL MORTGAGE CO	, 06-	10725-LBR				
This	s form should not be used sing after the commencem	t of Debtors and Case Numbers d to make a claim for an administrativ nent of the case A "request" for payi be filed pursuant to 11 USC § 503	ment of an	Check box if you are aware that anyone else has filed a proof of claim relating				
Na	me of Creditor and	Address		to your claim Attach copy of statement giving particulars				
	JOSEPH MA	113212410	002725	Check box if you have				
	PO BOX 187 BRUSH CO	7		never received any notices from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT		
				Check box if this address differs from the address on the envelope sent to you by the		BTORS ready filed a proof of claim with the tor BMC you do not need to file again		
		(970) 842-5744		court.	THIS SPAC	E IS FOR COURT USE ONLY		
Las	st four digits of account or	other number by which creditor iden	tifies debtor	Check here replain or amer	a previously	filed claim dated		
	BASIS FOR CLAIM			benefits as defined in 11 U S	C § 1114(a)	Unremitted principal		
╽╞	Goods sold Sepvices performed	Personal injury/wrongful death	wages	, salanes, and compensation (fill out below)	Other claims against servicer (not for loan balances)		
	Money loaned	Other (describe briefly)		ur digits of your SS # compensation for services pe	rformed from	to		
<u>_</u>	CATE DEDT IVA O INICUE		la un			(date) (date)		
	DATE DEBT WAS INCUR	AIM Check the appropriate box or box		COURT JUDGMENT, DATE C		the time case filed		
	See reverse side for importan		ios triat best desi	SECURED CLAIM	unt of the claim at	uie uine case meu		
UN	ISECURED NONPRIORI	· · · · · · · · · · · · · · · · · · ·	_	Check this boy if w	nur daım is secii	red by collateral (including		
╟	exceeds the value of the pr	is no collateral or lien securing your claim roperty securing it or if c) none or only pa		a nght of setoff)		red by conditional (including		
UN	entitled to priority SECURED PRIORITY CL	AIM	· · · · · · · · · · · · · · · · · · ·	Brief description of	collateral	_		
	Check this box if you have	an unsecured claim all or part of which is	5	Real Estate	Motor Vehicle	e Other		
entitled to priority Amount entitled to priority Substitute of Collateral Amount of arrearage and other charges at time case filed included in								
	Specify the priority of the cl	laım		secured claim, if any		at time case filed included in		
		ns under 11 U S C § 507(a)(1)(A) or (a)(1		Up to \$2 225* of deposits towas services for personal family of	ard purchase lease	e or rental of property or		
	before filing of the bankrup	ssions (up to \$10 000)* earned within 180 otcy petition or cessation of the debtor's	0 days [Taxes or penalties owed to go		• (,,,,		
		her - 11 U S C § 507(a)(4) ree benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable part	agraph of 11 USC	§ 507(a) ()		
				* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 au aced on or after the	nd every 3 years thereafter date of adjustment		
	TOTAL AMOUNT OF CLA AT TIME CASE FILED	·	\$	\$		\$		
	Check this box if claim incl	(unsecured) judes interest or other charges in additio	n to the principa	(secured) I amount of the claim Attach ite	(priority) mized statement o	(Total) of all interest or additional charges		
		of all payments on this claim has bee						
	running accounts, contrac	MENTS <u>Attach copies of supporting</u> cts, court judgments, mortgages, sec	unty agreemer	nts, and evidence of perfection	of lien DO NO	roices itemized statements of T SEND ORIGINAL		
8 [cuments are not available, explain If Y To receive an acknowledgment				l envelope and copy of this		
	ACCEPTED) so that it is for each person or entity	pleted proof of claim form must be actually received on or before 5 0 y (including individuals, partnersh	00 pm, prevail	ing Pacific time, on Novembe	er 13. 2006	THIS SPACE FOR COURT USE ONLY		
1	governmental units) BY MAIL TO BMC Group BMC Group BMC Group							
	Attn USACM Claims Doc P O Box 911	cketing Center	Attn US	ACM Claims Docketing Cente	r			
	El Segundo CA 90245-09		El Segui	st Franklin Avenue ndo, CA 90245				
DA.	,	SIGN and print the name and title if any this claim (attach copy of power of	y, of the creditor f attorney if any	or other person authorized to file				
19	7/26/06	Conserve Ma	L P. n-0-1					

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Name of Debtor		Case Nu	mber		
USA Commercial Mortg	age Company	06-107	25-LBR		
	ake a claim for an administrative expe f the case A "request" for payment o		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		.Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Add COPPLE, LOIS 3660 GRAND AVE DES MOINES IA	11321242034634	1	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	DEBTORS YOU I OF CLAIM THIS BORROWER HEI DO NOT FILE TH SECURED INTER ONE OF THE DE If you have ain	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Creditor Telephone Number (حاح)	279-2020		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other	number by which creditor identifies d	iebtor	Check here replace or if this claim amen	. a previousiy	filed claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed	Personal injury/wrongful death Taxes	-	salaries, and compensation (digits of your SS #	fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Other (describe briefly)	Unpaid c	ompensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED	411/05		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM See reverse side for important explain	Check the appropriate box or boxes that	best descri	be your claim and state the amor	unt of the claim at t	he time case filed
UNSECURED NONPRIORITY CL			SECURED CLAIM		
Check this box if a) there is no co exceeds the value of the property	ollateral or lien securing your claim or b) y securing it or if c) none or only part of you	your claim ur claim is	a right of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM			Brief description of	_	
	secured claim all or part of which is		Real Estate Value of Collateral	L	Other
Amount entitled to priority	\$		Amount of arrearage ar	nd other charges	at time case filed included in
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business whichever is earlier - 11 Contributions to an employee ben	IUSC § 507(a)(4)		Other Specify applicable para * Amounts are subject to adjus	agraph of 11 U S C	§ 507(a) ()
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5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED	\$\$		90,00 \$ \$	(priority)	\$ <u>50,000.00</u> (Total)
Check this box if claim includes in	nterest or other charges in addition to the	e principal a	amount of the claim Attach iter	mized statement o	f all interest or additional charges
7 SUPPORTING DOCUMENT running accounts, contracts, co	ayments on this claim has been cred S Attach copies of supporting documents and judgments, mortgages, security as	<i>ments,</i> su	ch as promissory notes, purd s, and evidence of perfection	chase orders, inventor of lien DO NO	oices, itemized statements of
	ts are not available, explain If the do To receive an acknowledgment of the			-	envelope and copy of this
ACCEPTED) so that it is actual for each person or entity (incl	d proof of claim form must be sent ally received on or before 5 00 pm, luding individuals, partnerships, co	prevailing	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	· · · · · · · · · · · · · · · · · · ·	BY HAND	OR OVERNIGHT DELIVERY TO	i	
Attn USACM Claims Docketing	Center		CM Claims Docketing Center	r	
P O Box 911 El Segundo, CA 90245-0911			Franklin Avenue lo, CA 90245		
DATE SIGN	and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or			
				1	

Nome of Debtor U.S.A. COMPACIAL MORTGAGE O.S. POPOS. LBR NOTE. See Revenue for Laid Debtor and Case Number This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense The form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for make a clean for an administrative expense This form should not be used for put have This form the solvent proper out or administrative put of the solvent proper out or administrative expenses and form of the solvent proper out or administrative expenses and for administrative expenses and form of the solvent proper out or administrative expenses and form of the solvent proper out of the solvent proper out of the clean administrative expenses and for administrative expenses and form of the clean administrative expenses and form of the clean administrative expenses and form property or administrative expenses and form of the clean administrative expenses administ	·	Cocc	06-10725-0	$\mathbf{M}_{\mathbf{M}}$	12 En	tered:10/07/14-14-	10 ge Dag	m10 of 11
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1 BASIS FOR CLAIM						court	THIS SPAC	E IS FOR COURT USE ONLY
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Services performed					Retiree i	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
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2 DATE DEBT WAS INCURRED //-2/-05 3 IF COURT JUDGMENT, DATE OBTAINED (date) (date) 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filled See reverse side for important explanations UNSECURED NONPRIORITY CLAIM S Check this box if a) there is no collateral or lien securing your claim is entitled to priority CLAIM Check this box if a) there is no collateral or lien securing your claim is entitled to priority UNSECURED PRIORITY CLAIM Read to priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Claim Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes, or commissions (up to \$10 000)* earned within 180 days before filing of the barkrupty petion or consideration of the obstination of the barkrupty petion or consideration of the obstination of the barkrupty petion or consideration of the obstination of the barkrupty petion or consideration of the obstination of the barkrupty petion or consideration of the obstination of the barkrupty petion or consideration of the obstination of the barkrupty petion or consideration of the obstination of the barkrupty petion or consideration of the obstination of the claim, if any 5 sortices for personal, family or household use 11 U S C § \$507(a)(a) When Specify applicable paragraph of 11 U S C § 507(a)(b) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) Taxes or penalless weed to genalless under the obstination of the obstination	- 1	•	=					(not for loan balances)
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Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

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